VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

MATERNITY RISK SCREEN

The risk screen is designed to identify high risk pregnant women as defined by the BabyCare program. Identify risks as listed below that apply to the client and make the appropriate referral(s). Please do not alter or add risks to the form. Additional information should be documented in the progress notes in the client's medical record.

Client Name _____ Medicaid # _____ EDC _____

Client's Address _____ Phone # _____

A. MEDICAL RISKS

1. _____ Hypertension, chronic or pregnancy-induced
2. _____ Gestational diabetes/diabetes
3. _____ Multiple gestation (twins, triplets)
4. _____ Previous pre-term birth < 5½ lbs.
5. _____ Advanced maternal age, > 35 yr
6. _____ Medical condition, the severity of which affects pregnancy, document below

_____

7. _____ Previous fetal death

SUBSTANCE ABUSE	# days/ week used	# times/ day used
8. Alcohol		
9. Cocaine/crack		
10. Narcotics/heroin		
11. Marijuana/hashish		
12. Sedatives/tranquilizers		
13. Amphetamines/diet pills		
14. Inhalants/glue		
15. Tobacco/cigarettes		
16. Other drug, please specify		

_____

B. SOCIAL RISKS

1. _____ Teenager 18 years or younger
2. _____ Non-compliant with medical directions or appointments
3. _____ Mental retardation or history of emotional/mental problems
4. _____ Abuse, neglect during pregnancy
5. _____ Shelter, homeless or migrant

C. NUTRITIONAL RISKS

1. _____ Pre-pregnancy underweight/overweight Inadequate or excessive weight gain
2. _____ Obstetrical or medical condition requiring diet modification (document condition below)
3. _____ Poor diet or pica
4. _____ Teenager 18 years or younger

REFERRALS

1. ____ Care Coordination 2. ____ Nutritional Counseling 3. ____ Homemaker 4. ____ Parenting/Childbirth Class

5. ____ Glucose Monitor with nutrition counseling 6. ____ Smoking Cessation 7. ____ Substance Abuse Treatment

8. _____ No Care Coordination _____

PROVIDER COMMENTS/SUGGESTIONS _____

SIGNATURE/TITLE _____ SCREENING DATE _____

SIGNATURE PRINTED _____ PROVIDER # _____

Referral to High Risk Care Coordination

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